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SEP 27 2010

Submit 3 Copies To Appropriate District
Office
District I
1625 N French Dr , Hobbs, NM 88240
District II
1301 W Grand Ave , Artesia, NM 88210
District III
1000 Rio Brazos Rd , Aztec, NM 87410
District IV
1220 S St Francis Dr , Santa Fe, NM
87505

HOBBSOCD

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
March 4, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)		WELL API NO. 30-025-31458
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Chevron Midcontinent, L.P.		6. State Oil & Gas Lease No. B-4119
3. Address of Operator #15 Smith Rd., Midland, Tx 79705		7. Lease Name or Unit Agreement Name West Lovington Unit (26753)
4. Well Location Unit Letter <u>M</u> : <u>1305</u> feet from the <u>South</u> line and <u>1305</u> feet from the <u>West</u> line Section <u>5</u> Township <u>17-S</u> Range <u>36-E</u> NMPM <u>Lea</u> County		8. Well Number 93
11. Elevation (Show whether DR, RKB, RT, GR, etc)		9. OGRID Number 241333
		10. Pool name or Wildcat Lovington; Upper San Andres, West

Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)

Pit Location: UL M Sect 5 Twp 17S Rng 36E Pit type Steel Depth to Groundwater _____ Distance from nearest fresh water well Over 1000'
Distance from nearest surface water _____ Below-grade Tank Location UL _____ Sect _____ Twp _____ Rng _____ ;
1305 feet from the South line and 1305 feet from the West line

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS ☐ PLUG AND ABANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- 9/21/10 Notified OCD 24 hrs prior to MIRU to P & A equipment
- 9/21/10 RIH Tag CIBP@4690' & Spot 25sx C Cmt F/4690'-4490'
- 9/21/10 Displace Hole w/MLF, 9 5# Brine w/25# Gel P/BBL
- 9/21/10 Spot 25sx C Cmt F/3150'-2950'
- 9/21/10 Spot 25sx C Cmt F/2150'-1950'
- 9/22/10 Perf@1415' Unable to EPIR Spot 25sx C Cmt F/1465'-1215' WOC & Tag TOC@1212'
- 9/22/10 Spot 70sx C Cmt F/400'-Surf

8 9/23/10 Install Dry Hole Marker

Approved for plugging of well bore only.
Liability under bond is retained pending receipt
of C-103 (Subsequent Report of Well Plugging)
which may be found at OCD Web Page under
Forms, www.cmnrd.state.nm.us/oed.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Jimmy Bagley TITLE MANAGER DATE 9-23-10

Type or print name Jimmy Bagley E-mail address: sunsetwellservice@yahoo.com Telephone No. 432-561-8600

(This space for State use)

APPROVED BY [Signature] TITLE STAFF MGR DATE 9-28-10
Conditions of approval, if any: